

LACKAWAXEN TOWNSHIP

ROAD OCCUPANCY PERMIT
Road Maint Dept (570) 685-3200

Permit #: _____
Fee Amount: _____

Owner/Agent: _____

Address: _____

City: _____

State/Zip: _____

Phone: _____ (H) _____ (W) _____ (C) _____

Contractor Information

Name: _____

Phone: _____

Purpose and Description of Road Work: _____

Owner/Agent affirms that all the above information is accurate. Lackawaxen Township is not responsible for any action that it undertakes based upon applicant's information that is erroneous or misrepresented. This Permit will be revoked for non-compliance with conditions stipulated below by the Township Roadmaster. This Permit will be voided and annulled for non-performance if the work is not completed, inspected, and approved by the Roadmaster as per the expiration date (6 months from issue date) stipulated below.

Owner/Agent Signature: _____ Date: _____

ROADMASTER USE ONLY

Permit Conditions and Comments:

Approved by: _____ (Roadmaster) Date: _____

Issue Date: _____ Expiration Date: _____ Inspection Date: _____